STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM See Instructions and *Privacy Statement On Reverse Side STD. 262 (REV. 9/2007) Pages Page CLAIMANT'S NAME DEPARTMENT SSN or EMPLOYEE NUMBER* State Controller's Office Terry McGuire DIVISION or BUREAU INDEX NUMBER POSITION CB/ID No Deputy State Controller - Investments Executive TELEPHONE NUMBER RESIDENCE ADDRESS * HEADQUARTERS ADDRESS 300 Capitol Mall, Suite 1850 STATE ZIP CODE STATE ZIP CODE Sacramento CA 95814 (1) NORMAL WORK HOURS (2) PRIVATE VEHICLE LICENSE NUMBER (3) MILEAGE RATE CLAIMED 0.555 (12)(4) MONTH/YEAR (7) MEALS TRANSPORTATION (8) (10)LOCATION Jan 2012 O.T., L/T, (B) TOTAL (A) (D) WHERE EXPENSES BREAK-N/C, RELO. INCIDEN-COST OF TYPE CARFARE, PRIVATE CAR USE BUSINESS **EXPENSES** WERE INCURRED (5) OR LODGING FAST LUNCH TALS TRANS. USED TOLLS. EXPENSE FOR DAY DINNER PARKING MILES AMOUNT DATE TIME Residence to Corte Madera r/t PC 4.00 26.00 14.43 18.43 1/6 Residence to Monterey 1/22 94.45 18.00 PC118.00 65.49 177.94 Monterey 0.00 94.45 1/23 94 45 Monterey 112.45 94.45 18.00 0.00 1/24 Monterey to Residence 65.49 PC 118.00 65.49 1/25 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (13)SUBTOTALS 0.00 283.35 0.00 0.00 0.00 0.00 4.00 262.00 145.41 468.76 36.00 COLUMN CODE (ACCTG. USE ONLY) \$468.76 CLAIM TOTAL (14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) AGENCY ACCOUNTING OFFICE USE ONLY Attend CalPERS offsite and related meetings on behalf of Controller. PAID BY REVOLVING FUND CHECK NUMBER Jan 22 and 24: No receipt for dinner. (15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM-Sections,0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

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CLAIM

DATE

(See Item 17 bn reverse)

DATE

DATE

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DATE